The KHIE Connection:
Partnering to Improve Patient Health Outcomes

The HITECH HIT and Incentive Payments Programs at a Glance

Cabinet for Health and Family Services
Office of Administrative and Technology Services

Governor's Office of Electronic Health Information

The American Recovery and Reinvestment Act (ARRA) is officially Public Law 111-5 and was signed on February 17, 2009 by President Barack Obama. ARRA provides many different stimulus opportunities, one of which is $19.2 billion for health information technology (HIT). Title XIII of ARRA was given a subtitle: Health Information Technology for Economic and Clinical Health Act (HITECH). It is this section that deals with many of the health information communication and technology provisions including Subpart D – Privacy.

Health Information Technology for Economic and Clinical Health Act or HITECH Act of 2009

Vision of HITECH

Significant and measurable improvements in population health through a transformed health care delivery system

Priorities, Goals, Objectives, Measures

Key goals:
- Improve quality, safety and efficiency
- Engage patients and their families
- Improve care coordination
- Improve population and public health; reduce disparities
- Ensure privacy and security protections

Supporting a transformed health care delivery system:
- HIT Infrastructure and Interoperability (HHS/ONC)
  - State HIE Cooperative Agreements (GOEHI)
  - Regional Extension Center Cooperative Agreements (Kentucky & Tri-State RECs)

- Incentives for the Meaningful Use of Certified EHRs

- Expanded information privacy and security
  - Changes to HIPAA Privacy, Security, and Civil Sanctions Rules

The HITECH Act requires three components to achieve meaningful use:

- **Use of a certified EHR in a meaningful manner** (providers must use the functions that deliver the most benefits)
    - rationale for core objectives
- **Use of certified EHR technology for electronic exchange of health information to improve the quality of health care**
    - certified technology ensures the information is standardized
- **Use of certified EHR technology to submit clinical quality measures and other measures selected by the Secretary of Health and Human Services**
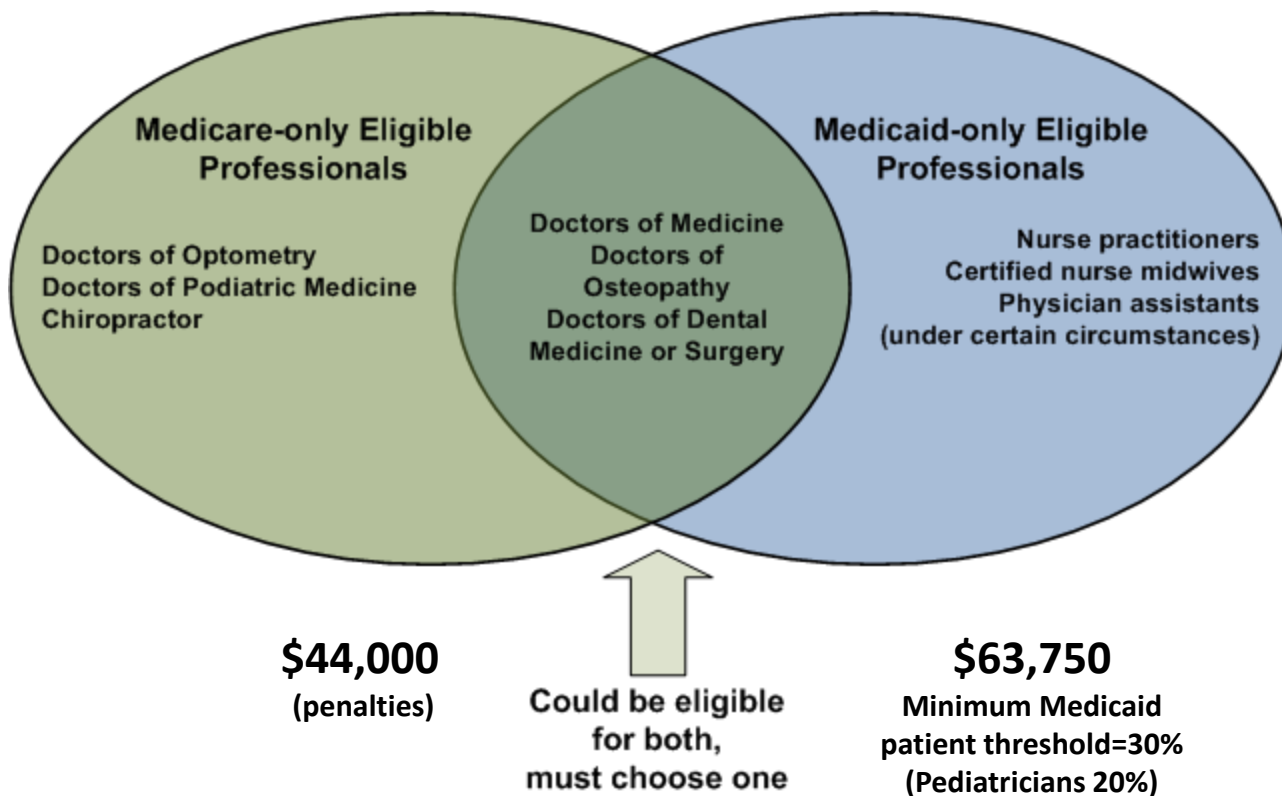
42 C.F.R. § 495.6 Meaningful use objectives and measures for EPs, eligible hospitals, and CAHs was effective December 29, 2010.

This regulation sets forth the general rules regarding Stage 1 criteria for meaningful use for eligible providers, eligible hospitals, and critical access hospitals.

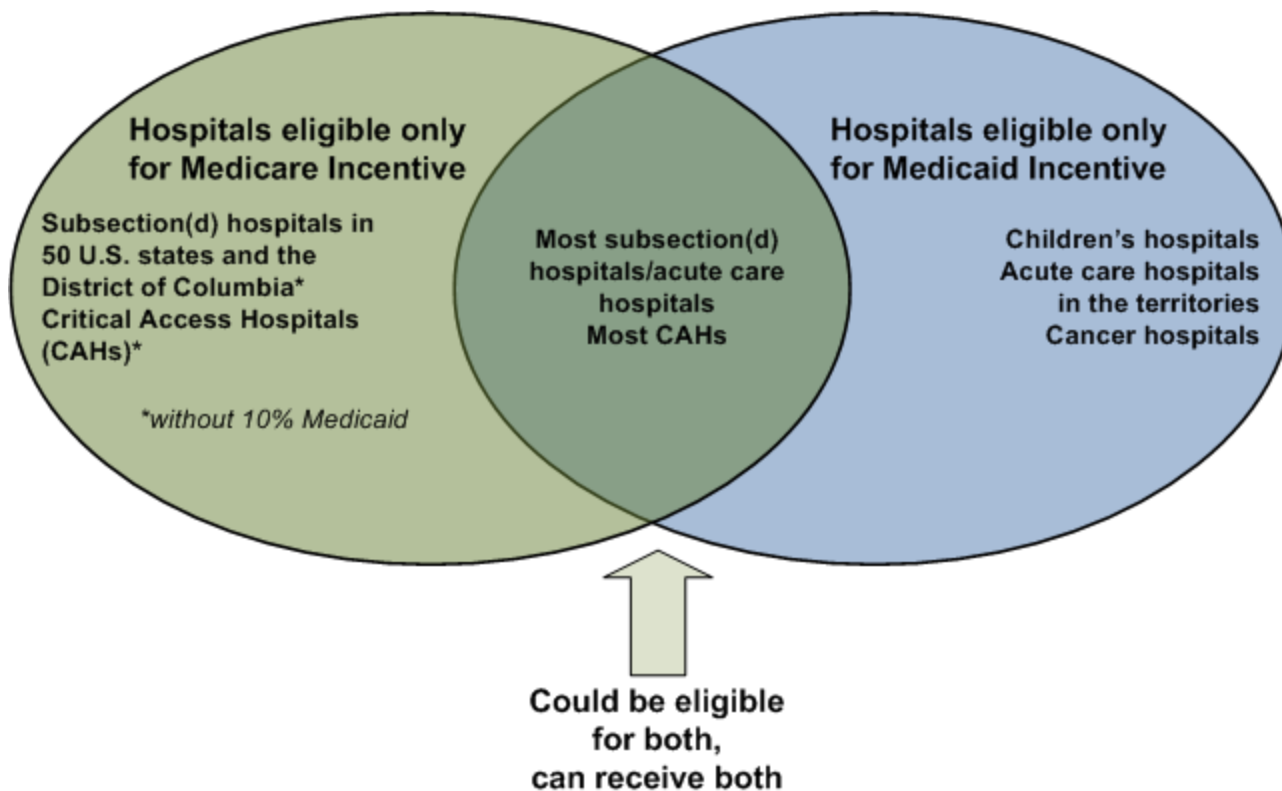The regulations also include exclusions available to eligible providers.

Providers

Medicare-only Eligible Professionals

Doctors of Optometry
Doctors of Podiatric Medicine
Chiropractor

Doctors of Medicine
Doctors of Osteopathy
Doctors of Dental Medicine or Surgery

Medicaid-only Eligible Professionals

Nurse practitioners
Certified nurse midwives
Physician assistants
(under certain circumstances)

$44,000
(penalties)

Could be eligible for both, must choose one

$63,750
Minimum Medicaid patient threshold=30%
(Pediatricians 20%)

Hospitals

Hospitals eligible only for Medicare Incentive

Subsection(d) hospitals in 50 U.S. states and the District of Columbia*
Critical Access Hospitals (CAHs)*

*without 10% Medicaid

Most subsection(d) hospitals/acute care hospitals
Most CAHs

Hospitals eligible only for Medicaid Incentive

Children's hospitals
Acute care hospitals in the territories
Cancer hospitals

Could be eligible for both, can receive both

To receive incentives, practices must use technology for:

- Medication and allergy lists
- E-Prescribing
- Access to electronic lab results
- Electronic orders
- Electronic claims submission
- Checking insurance eligibility
- Clinical summary to other providers and patients
- Clinical decision support
- Health information exchange
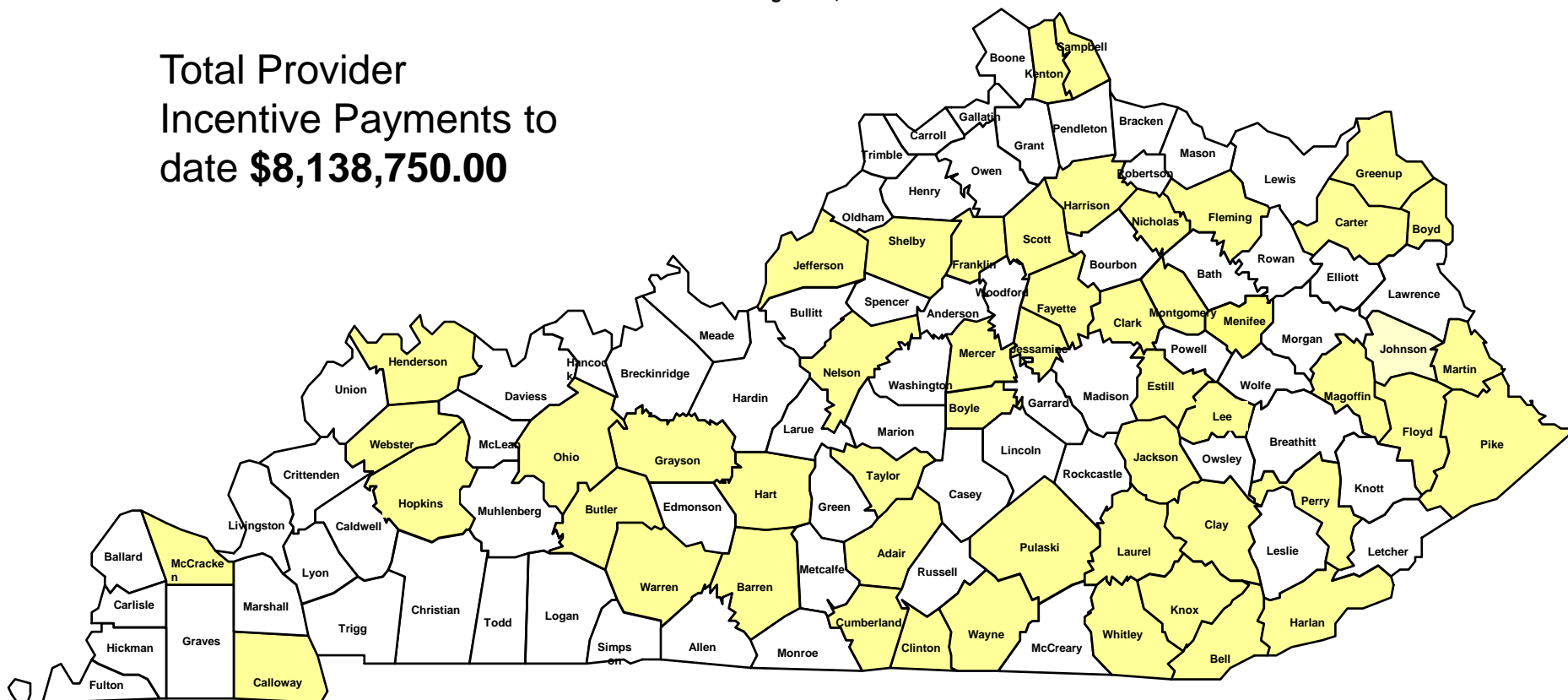- Quality reporting to the federal government
- Among others…

KHIE KENTUCKY HEALTH INFORMATION EXCHANGE

MEDICAID EP Incentive Payment - Based on First Calendar Year EP receives						
Calendar Year	**CY 2011**	**CY 2012**	**CY 2013**	**CY 2014**	**CY 2015**	**CY2016**
2011	$21,250					
2012	$8,500	$21,250				
2013	$8,500	$8,500	$21,250			
2014	$8,500	$8,500	$8,500	$21,250		
2015	$8,500	$8,500	$8,500	$8,500	$21,250	
2016	$8,500	$8,500	$8,500	$8,500	$8,500	$21,250
2017		$8,500	$8,500	$8,500	$8,500	$8,500
2018			$8,500	$8,500	$8,500	$8,500
2019				$8,500	$8,500	$8,500
2020					$8,500	$8,500
2021						$8,500
TOTAL	$63,750	$63,750	$63,750	$63,750	$63,750	$63,750

Funding is available…

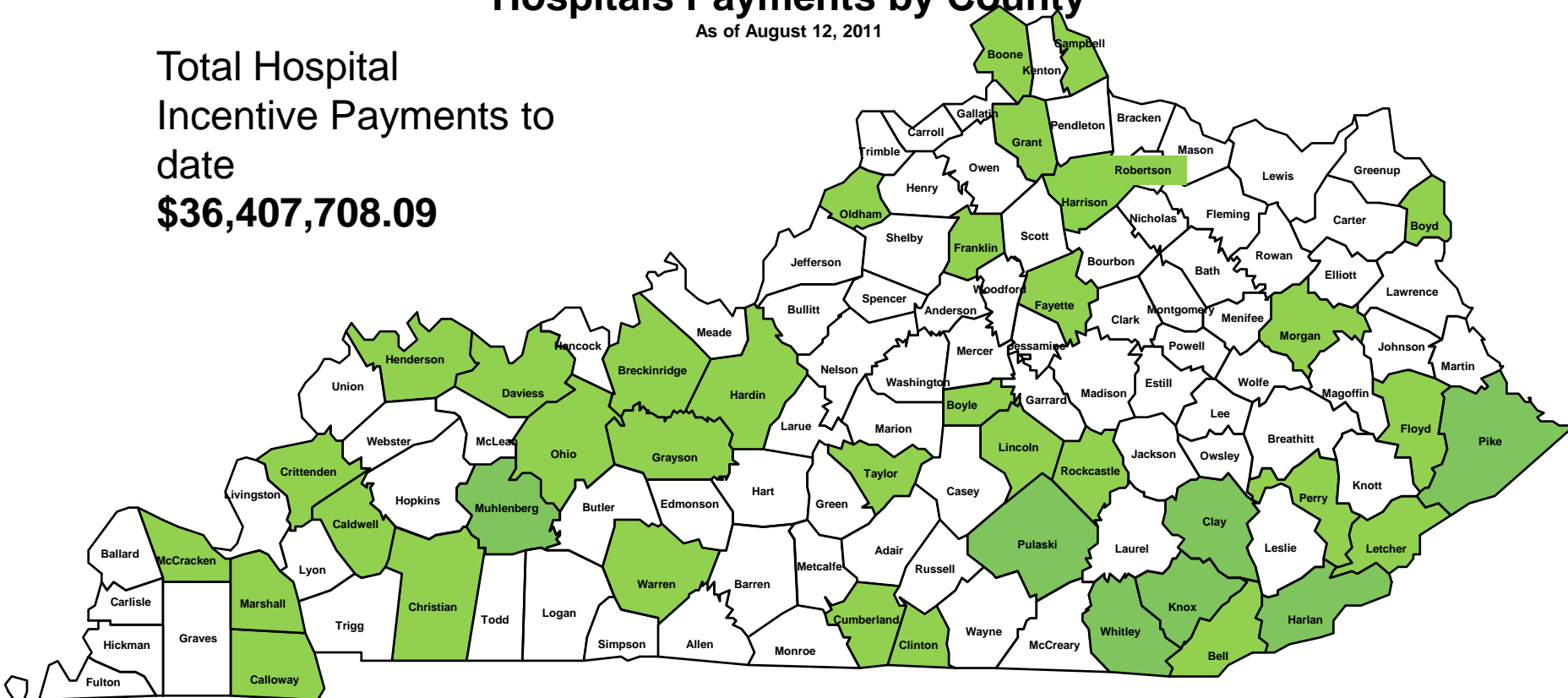| MEDICARE EP Incentive Payment - Based on First Calendar Year EP receives				
Calendar Year	**CY 2011**	**CY 2012**	**CY 2013**	**CY 2014**	**CY 2015 and later**
2011	$18,000				
2012	$12,000	$18,000			
2013	$8,000	$12,000	$15,000		
2014	$4,000	$8,000	$12,000	$12,000	
2015	$2,000	$4,000	$8,000	$8,000	0
2016		$2,000	$4,000	$4,000	0
TOTAL	$44,000	$44,000	$39,000	$24,000	0

eHR Incentive Payment
Physician Payments by County
As of August 12, 2011

Total Provider Incentive Payments to date **$8,138,750.00**

eHR Incentive Payment
Hospitals Payments by County
As of August 12, 2011

Total Hospital Incentive Payments to date
$36,407,708.09

KHIE
KENTUCKY HEALTH
INFORMATION EXCHANGE

How is Meaningful Use Achieved?

Be a Medicaid Eligible Provider:

Physician in medicine, osteopathy, dental surgery or dental medicine, podiatric medicine, optometry, or chiropracty; or a certified nurse mid-wife; nurse practitioner; or physician assistant working in a rural health clinic or a federally qualified health center that is led by a physician assistant.

Meet the criteria for Stage 1 Meaningful Use

Use a Certified EHR

The Certified HIT Product List (CHPL)

provides the authoritative comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the certification program maintained by ONC.

Each complete EHR and EHR module listed has been certified by an ONC-authorized testing and certification body and reported to ONC.

The certified products list is available at:

http://onc-chpl.force.com/ehrcert

ONC Certified Health IT Product List (CHPL)

The Certified HIT Product List (CHPL) provides the authoritative, comprehensive listing of Complete EHRs and EHR Modules that have been tested and certified under the Temporary Certification Program maintained by the Office of the National Coordinator for Health IT (ONC). Each Complete EHR and EHR Module listed below has been certified by an ONC-Authorized Testing and Certification Body (ONC-ATCB) and reported to ONC. Only the product versions that are included on the CHPL are certified under the ONC Temporary Certification Program.

Please send suggestions and comments regarding the Certified Health IT Product List (CHPL) to ONC.certification@hhs.gov, with "CHPL" in the subject line.

Vendors or developers with questions about their product's listing should contact the ONC-Authorized Testing and Certification Body (ONC-ATCB) that certified their product.

USING THE CHPL WEBSITE

To browse the CHPL and review the comprehensive listing of certified products, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Select the "Browse" button to view the list of CHPL products

To obtain a CMS EHR Certification ID, follow the steps outlined below:

1. Select your practice type by selecting the Ambulatory or Inpatient buttons below
2. Search for EHR Products by browsing all products, searching by product name or searching by criteria met
3. Add product(s) to your cart to determine if your product(s) meet 100% of the required criteria
4. Request a CMS EHR Certification ID for CMS registration or attestation from your cart page

STEP 1: SELECT YOUR PRACTICE TYPE

Ambulatory Practice Type	Inpatient Practice Type

Core Criteria:
- **Mandatory for Stage 1**
- **15 core requirements for Eligible Professionals**
- **14 core requirements for Hospitals**

Menu Set:
- **a "menu" choice of 10**
  - Choose any 5
    - *except* all **EPs** must select at least one of the public health measures

Stage 1 Meaningful Use Core Criteria

EP	HOS	Meaningful Use Category	Stage 1 Objective	Stage 1 Measures
1	1	CPOE[1,3]	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one medication order entered using CPOE
2	2	Implement drug-drug and drug allergy interaction checks[4]	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
3	3	Problem List[1,2]	Maintain an up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry or an indication that no problems are known for the patient recorded as structured data
4		ePrescribing[3]	Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
5	4	Medication List[1,2]	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
6	5	Medication Allergy List[1,2]	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data

[1]Emergency Department Place of Service (POS) 23 included in Hospital Measure
[2]Denominator OF UNIQUE PATIENTS regardless of whether patient's records are maintained using certified HER technology unique patients
[3]Measures with a denominator based on counting ACTIONS for patients whose records are maintained using certified HER technology Stage 1 objectives
[4]Yes/no attestation

EP	HOS	Meaningful Use Category	Stage 1 Objective	Stage 1 Measures
7	6	Demographics[1,2]	Record demographics: A. Preferred language B. Gender C. Race D. Ethnicity E. Date of birth F. Date and preliminary cause of death in the event of mortality in the eligible hospital or CAH [for Hospitals only]	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have demographics recorded as structured data
8	7	Vital Signs[1,3]	Record and chart changes in vital signs: A. Height B. Weight C. Blood pressure D. Calculate and display BMI E. Plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23), height, weight and blood pressure are recorded as structured data
9	8	Smoking Status[1,3]	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) have smoking status recorded
10	9	Calculate and Transmit CMS Quality Measures[4]	Report ambulatory clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation as discussed in section II(A)(3) of this final rule For 2012, electronically submit the clinical quality measures as discussed in section II(A)(3) of this final rule
11	10	Clinical Decision Support[4]	Implement one clinical decision support rule relevant to specialty or high clinical priority along with the ability to track compliance that rule	Implement one clinical decision support rule

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EP	HOS	Meaningful Use Category	Stage 1 Objective	Stage 1 Measures
12	11	Electronic Copy of Health Information[1,3]	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies), upon request	More than 50% of all patients of the EP or the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) who request an electronic copy of their health information are provided it within 3 business days
	12	Electronic Copy of Discharge Instructions[1,3]	Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH's inpatient department or emergency department (POS 21 or 23) and who request an electronic copy of their discharge instructions are provided it
13		Clinical Summaries[3]	Provide clinical summaries for patients for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
14	13	Exchange Key Clinical Information[4]	Capability to exchange key clinical information (for example, problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test
15	14	Privacy / Security[4]	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308 (a)(1) and implement security updates as necessary and correct identified security deficiencies as part of its risk management process

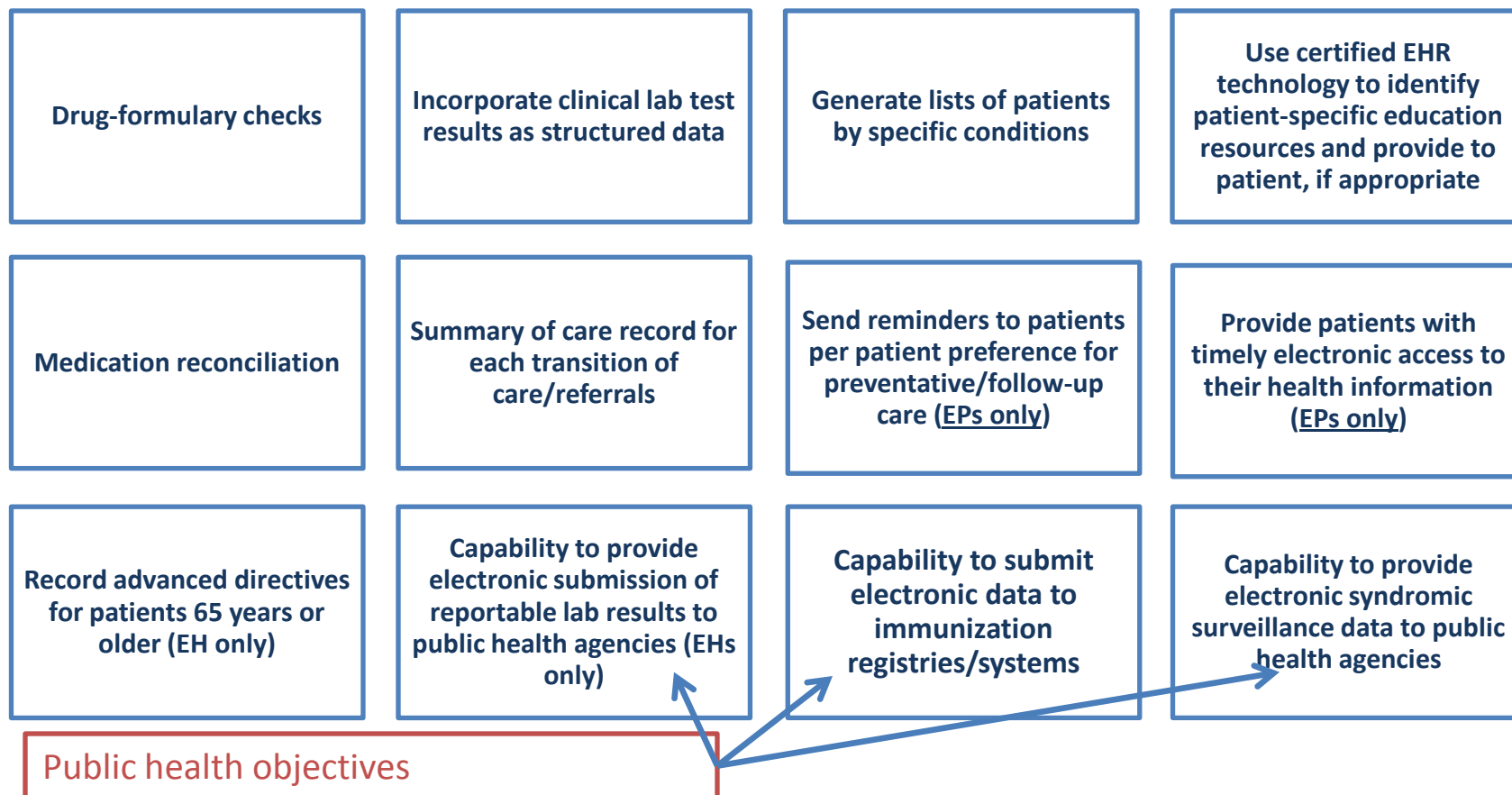[1] Emergency Department Place of Service (POS) 23 included in Hospital Measure
[2] Denominator OF UNIQUE PATIENTS regardless of whether patient's records are maintained using certified HER technology unique patients
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[4] Yes/no attestation

KHIE KENTUCKY HEALTH INFORMATION EXCHANGE

Menu Criteria: EHs and EPs must meet 5 of these, including one public health objective (i.e. may opt out of 5)

Drug-formulary checks	Incorporate clinical lab test results as structured data	Generate lists of patients by specific conditions	Use certified EHR technology to identify patient-specific education resources and provide to patient, if appropriate
Medication reconciliation	Summary of care record for each transition of care/referrals	Send reminders to patients per patient preference for preventative/follow-up care (EPs only)	Provide patients with timely electronic access to their health information (EPs only)
Record advanced directives for patients 65 years or older (EH only)	Capability to provide electronic submission of reportable lab results to public health agencies (EHs only)	Capability to submit electronic data to immunization registries/systems	Capability to provide electronic syndromic surveillance data to public health agencies

Public health objectives

Providers may claim certain objective(s)/measure(s) is inapplicable to them if they meet CMS criteria of such an exception.

Source: Kentucky Hospital Association, 2010

Stage 1 Meaningful Use Menu Criteria

EP	HOS	Meaningful Use Category	Stage 1 Objective	Stage 1 Measures
1	1	Implement drug-formulary checks[4]	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period
	2	Advance Directives[3]	Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital's or CAH's inpatient department (POS 21) have an indication of an advance directive status recorded
2	3	Lab Results into EHR[1,3]	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab tests results ordered by the EP or by an authorized provider of the eligible hospital or CAH for patients admitted to its inpatient or emergency department (POS 21 or 23) during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
3	4	Patient List[4]	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition
4		Patient Reminders[3]	Send reminders to patients per patient preference for preventive/ follow up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period
5		Timely Electronic Access to Health Information[2]	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within four business days of the information being available to the EP	More than 10% of all unique patients seen by the EP are provided timely (available to the patient within four business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information

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[4] Yes/no attestation

EP	HOS	Meaningful Use Category	Stage 1 Objective	Stage 1 Measures
6	5	Patient Specific Education[1,2]	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) are provided patient-specific education resources
7	6	Medication Reconciliation[1,3]	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23)
8	7	Summary of Care[3]	The EP, eligible hospital or CAH who transitions their patient to another setting of care or provider of care or refers their patient to another provider of care should provide summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals
9	8	Immunization Registries[4]	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries and follow up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)

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[2] Denominator of UNIQUE PATIENTS regardless of whether patient's records are maintained using certified HER technology unique patients
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[4] Yes/no attestation

EP	HOS	Meaningful Use Category	Stage 1 Objective	Stage 1 Measures
	9	Submit Lab Results to Public Health Agencies[4]	Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which eligible hospital or CAH submits such information have the capacity to receive the information electronically)
10	10	Syndromic Surveillance[4]	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which an EP, eligible hospital or CAH submits such information have the capacity to receive the information electronically)

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[3] Measures with a denominator based on counting ACTIONS for patients whose records are maintained using certified HER technology Stage 1 objectives
[4] Yes/no attestation

Providers will have three years through 2013 in which to verify that they have met Stage 1 meaningful use requirements. The delay is among the Stage 2 recommendations that the Health IT Policy Committee approved at its meeting June 8, 2011, by a vote of 12 to 5.

With the expected release date next year, both providers and vendors have argued that they will not have enough time to test and implement updated systems before the required 2013 start date. Under the timeline developed by ONC and the Centers for Medicare & Medicaid Services (CMS), which oversees the EHR Incentive Programs, providers who wait until 2012 to first demonstrate meaningful use Stage 1 will use 2014 as their first year of Stage 2 implementation.

Acknowledging that time crunch in its recommendation letter, the Policy Committee suggest that providers who met Stage 1 in 2011 should be allowed to wait until 2014 to begin Stage 2. This would not affect hospitals and doctors beginning Stage 1 in 2012, but they will be expected to implement meaningful use Stage 2 in 2014.

The HIT Policy Committee provides Stage 2 recommendations on policy issues such as the schedule and timing of new requirements, criteria associated with new objectives and measures, and changes to the scope and threshold of existing measures

The HIT Standards Committee provides Stage 2 recommendations on standards, implementation specifications, and certification criteria based on the policies developed by the Policy Committee

ONC and CMS are not required to adopt the recommendations of the two Federal Advisory Committees.   The final rule is anticipated in mid-2012.

- **Measures unchanged from Stage One**

- **Measures unchanged from Stage One, except that they are no longer optional**

- **Measures with higher thresholds or wider scopes in Stage One than in Stage Two**

- **New Measures unique to Stage Two**

1. Unchanged Measures

For both hospitals and EPs

- Maintain active problem list
- Maintain active medication list
- Maintain active medication allergy list
- Implement drug-drug and drug-allergy interaction checks

2. Unchanged Measures that were optional BUT now required for Stage 2

For both Hospitals and EPs

- Implement drug formulary checks according to local needs
- More that 40% of all clinical lab test results ordered whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
- Medication reconciliation performed for more than 50% of transitions in care when the EP or hospital was the receiving provider
- Record and provide a summary of care record for more than 50% of transitions of care

3. Scope and /or threshold changes in Stage 2 (changes from Stage 1 underlined)

 For both Hospitals and EPs

- More than <u>60%</u> of unique patients with a medication in their medication list have at least one medication order entered using CPOE (<u>up from 30%</u>)

- More that <u>80%</u> of patients have demographics recorded and can use them to produce stratified quality reports (<u>up from 50%</u>)

- More than <u>80%</u> of patients have vital signs recorded during the reporting year (<u>up form 50%</u>)

- More than <u>80%</u> of unique patients over 13 years old have smoking status recorded as structured data (<u>up from 50%</u>)

- <u>Use</u> clinical decision support <u>to improve performance</u> on high-priority health condition (<u>up from implement one rule</u>)

- Generate patient lists for <u>multiple</u> patient-specified parameters (<u>up from at least one report listing patients with a specific condition</u>)

- More than 10% of patients are provided with EHR–enabled patient-specific educational resources

- Submit <u>actual immunization data to at least one organization</u> in accordance with applicable law and practice (<u>up from performing just a test</u>)

- Report clinical quality measures to CMS or the states

- Conduct or review a security risk analysis and implement security updates and correct identified security deficiencies. <u>Attest that encryption/security functionalities for data at rest (which includes data located in data center and also data in mobile devices) have been addressed.</u>

Hospitals only

- More than 50% of patients 65 years and older have an indication of whether an advance directive exists
    - <u>(with date and timestamp of recording) and an electronic copy of the directive itself, if it exists (or have direct access to it or instructions for how to access the most recent copy)</u>
- Submit <u>actual reportable lab results to at least one organization</u> in accordance with applicable law and practice
    - up from performing a test
- Submit <u>actual syndromic surveillance data</u> to at least one organization in accordance with applicable law and practice
    - up from performing a test

EPs only

- More than 50% of medication orders transmitted as an electronic prescription
  - up from 40%
- More than 10% of all active patients were sent a clinical reminder
  - threshold decreased from 20%
  - scope expanded to all active patients
- Patients are provided a clinical summary after more than 50% of all visits within 24 hours
  - up from 50%
  - within 3 business days
- More than 10% of patients/families view and have ability to down load their longitudinal health information
  - information available to all patients with 24 hours of an encounter or within 4 days after available to EPs
  - change from unique patients seen by the EP are provided timely access to their health information
- The HIT Policy recommends that CMS consider two additional measures for EPs:
  - Submit actual syndromic surveillance data to at least one organization in accordance with applicable law and practice
  - Submit reportable cancer conditions to at least one organization in accordance with applicable law and practice.

3. BOTH HOSPITALS and EPs

- More than 60% of unique patients with a structured lab result have at least one lab order entered using CPOE
- At least one radiology test ordered using CPOE
- For more than 10% of patients, record care plan fields
- For more than 10% of patients, record care team members

HOSPITALS ONLY

- More than 10% of hospital discharge medication orders for new or changed prescriptions are transmitted as an electronic prescription
- Hospital labs provide structured electronic results to outpatient providers for more than 40% of electronic orders received and use LOINC where available
- More than 30% of patient days have at least one electronic note by a physician, NP, or PA
- Medication orders automatically tracked via electronic medication administration record, eMAR is in –use in at least one hospital ward/unit (with electronic 5 rights checking)
- More than 10% of patients/families view and are provided the capability to download information about a hospital admission; information available for all patients within 36 hours of the encounter
- More than 10% of all discharges have care summary (including care plan and care team, if available) sent electronically to EP or post-acute care facility

EPs only

- More than 25 unique patients have an advance directive (with date and timestamp of recording) and access to a copy of the directive itself if it exists (or have direct access to it or instruction for how to access the almost recent copy)

- More than 30% of EP visits have at least one electronic EP note

- Patients are offered secure messaging online and at least 25 patients have sent secure messages online

- Patient preferences for communication medium recorded for at least 20% of patients

- Summary of care record sent electronically for at least 25 transactions during the reporting period

- More than 50% of patients who request an electronic copy of their health information are provided it within 3 business days
- Perform at least one test of certified EHR technology's capacity to electronically exchange key clinical information

Hospitals only

- Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request

QUESTIONS????

Everything you wanted to know about Meaningful Use but were afraid to ask:

http://www.cms.gov/EHRIncentivePrograms/

Visit the KHIE website at: http://khie.ky.gov

KHIE
KENTUCKY HEALTH INFORMATION EXCHANGE

Connect with KHIE

Offering a safe and secure connection for the exchange of electronic health data .

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EHR Incentive Program

Eligible providers and hospitals may qualify for monetary incentives.

Learn More

Technology

Learn more about technology associated with KHIE and the KHIE Community Portal.

Learn More

News and Resources

Read recent press releases, view a provider map and more.

Learn More

Governor Steve Beshear issued an Executive Order in August 2009, establishing the Governor's Office of Electronic Health Information in the Cabinet for Health and Family Services to oversee the advancement of health information exchange in Kentucky. Read more about the history of the Kentucky Health Information Exchange.

Connected Providers

Select a county from the map to find out who is connected.

Contact Us

Are you a healthcare provider, hospital or other organization ready to connect to KHIE? Do you have questions, comments or need more information about the program? Fill out this form to contact KHIE.

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